

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05439

FILED  
Feb 19, 2011  
Secretary of State

**Entity Name:** DELIVERANCE CENTER TABERNACLES OF FLORIDA, INC.

**Current Principal Place of Business:**

96 SURF DRIVE  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

21 KELLY LANE  
AUBURNDALE, FL 33823

**Current Mailing Address:**

96 SURF DRIVE  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 59-3290626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEARCE, EVERETTE  
96 SURF DRIVE  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PEARCE, EVERETTE  
Address: 96 SURF DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD  
Name: DAVIS, DARLENE  
Address: 70 MITCHELL D ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: STD  
Name: PEARCE, FRANCES  
Address: 96 SURF  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EVERETTE PEARCE

PD

02/19/2011

Electronic Signature of Signing Officer or Director

Date